

Patient name	Mrs. LALITA GWALWANSHI	Age/Sex	28 Years / Female
Patient ID	24006504	Visit no	1
Referred by	Dr. PRIYANKA (JK HOSPITAL)	Visit date	16/11/2024
LMP date	22/06/2024	LMP EDD	29/03/2025

OB - 2/3 Trimester Scan Report

Indication(s)

FOR TARGET SCAN

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 2.80 cm in length.

Right Uterine	0.8	● (17%)
Left Uterine	1	● (43%)
Mean PI	0.9	● (30%)

Fetus

Survey

Presentation - Cephalic at current scan

Placenta - Anterior

Liquor - Normal

Single deepest pocket = 4.6

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 154 bpm

Biometry(Hadlock,Mediscan)

BPD 53 mm 22W (77%ile)	HC 195 mm 21W 4D (66%ile)	AC 160 mm 20W 6D (48%ile)	FL 34 mm 20W 2D (32%ile)	EFW BPD,HC,AC,FL 395 grams (48%ile)
5% 50% 95% *	5% 50% 95% *	5% 50% 95% *	5% 50% 95% *	5% 50% 95% *

Long bones	Right (mm)	
Tibia	31, 20W 5D	● (38%)
Fibula	30, 20W	● (18%)
Humerus	33, 20W 5D	● (38%)
Radius	30, 21W 4D	● (75%)
Ulna	31, 20W 1D	● (25%)

Cephalic index - 75 Range 75-85%

Foot Length : 36 mm

TCD : 21 mm

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Aneuploidy Markers

Nasal Bone : 7.2 mm - Ossified

Nuchal Fold : 3.2 mm - Normal

Fetal Anatomy

Head

Right lateral ventricle measured 6 mm

Cisterna magna measured 5.3 mm

Midline falx seen.

Both lateral ventricles appeared normal.

Posterior fossa appeared normal.

No identifiable intracranial lesion seen.

Neck

Fetal neck appeared normal.

Spine

Entire spine visualised in longitudinal and transverse axis.

Vertebrae and spinal canal appeared normal

Face

Fetal face seen in the coronal and profile views.

Both orbits, nose and mouth appeared normal

Prefrontal space ratio is more than 1 and is within normal limits.(VALUE=1.7)

Thorax

Both lungs seen.

No evidence of pleural or pericardial effusion.

No evidence of SOL in the thorax.

Heart

Heart appears in the mid position.

Normal cardiac situs. Four chamber view normal.

Outflow tracts appeared normal.

Abdomen

Abdominal situs appeared normal.

Stomach and bowel appeared normal.

Normal bowel pattern appropriate for the gestation seen.

No evidence of ascites.

Abdominal wall intact.

KUB

Right renal pelvis measured 8.2 mm

Left renal pelvis measured 5.1 mm

Bilateral renal pelvis is dilated.

Right kidney measures 2.7 x1.4 cm

Left kidney measures 2.3x1.1 cm

Right renal pelvis is dilated measuring 8.2 mm.

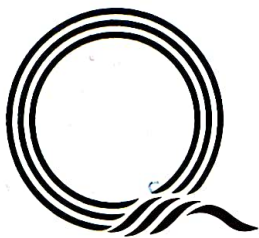
Left renal pelvis is dilated measuring 5.1 mm.

Dilatation of pelvicalyceal system seen in both sides

Both ureters are not visualised.

Urinary bladder appears normal.

F/S/O BILATERAL MODERATE TO MILD PELVIECTASIS-SOFT MARKER



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Extremities

All fetal long bones visualized and appear normal for the period of gestation.

Both feet appeared normal

Fetal doppler

Umbilical Artery PI 1.4  (83%)

Impression

Single gestation corresponding to a gestational age of **21 Weeks**

Gestational age assigned as per LMP

Placenta - Anterior

Presentation - Cephalic at current scan

Liquor - Normal

soft marker is noted:

-MILD TO MODERATE BILATERAL PELVIECTASIS

The adjusted risk after TIFFA scan for trisomy 21 has **INCREASED** from 1:1099 to 1: 1018 and is **LOW RISK**

In view of Low aneuploidy risk, we suggest:

1. Quadruple marker for detailed evaluation of fetus

2. If marker fetus is normal, then follow up with doppler at 28 weeks is suggested for assessment of pelvis

3. Postnatal renal assessment is also recommended for function and structural changes.

DR. SOMYA DWIVEDI

MBBS, M.D. RADIODIAGNOSIS

Fellow in Fetal Imaging

I.O.T.A Certified for Women Imaging

FMF-UK Certified for NT scan, Pre-Eclampsia screening, Fetal abnormalities & Fetal Echo

Advanced course I.S.U.O.G. for obstetric imaging

Reg. No.: MP-14794

2nd trimester screening for Downs

Maternal age risk 1 in 1099

Fetus	2nd Trimester Downs Risk Estimate	Markers
A	1 in 1018	Mild hydronephrosis

Disclaimer

I DR SOMYA DWIVEDI, DECLARE THAT WHILE CONDUCTING USG ON MRS. LALITA GWALWANSHI, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS TO ANYONE IN ANY MANNER. This is not Fetal Echo and is only a professional opinion and not final diagnosis. Assessment of fetal anomalies depends on various factors and USG markers. All chromosomal anomalies may not be evident and absence of it may not totally rule out aneuploidies. Patient has been counselled about the capabilities and limitations of this examination, like inability to rule out anomalies of limbs, palate and ears.

SAVE GIRL CHILD.

EMERGING DIAGNOSTIC CENTRE OF MADHYA PRADESH
AT FMPCCI - 5th OUTSTANDING ACHIEVEMENT AWARD 2017-18

BEST DIAGNOSTIC & IMAGING CENTRE IN MADHYA PRADESH
by WORLDWIDE ACHIEVERS INTERNATIONAL HEALTHCARE SUMMIT & AWARDS, 2017

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